



Dothan City Schools

Dr. Sam Nichols, Superintendent

500 Dusy Street

Dothan, Alabama 36301-2506

Phone (334) 793-1397

www.dothan.k12.al.us

Fax (334) 793-2034

DOTHAN CITY BOARD OF EDUCATION

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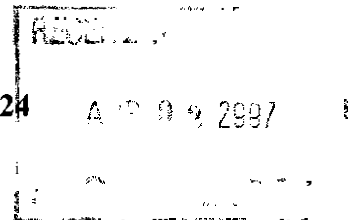
Mr. Marc Nelson
District 6
Phone 794-8662

REQUEST FOR WAIVER

(CC Docket No. 02-6)

Form Identifier: DCS0607TRJ

Form 471 Application Number: 547124



March 26, 2007

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: Request for Waiver of deadline for funding year 2006 Form 471.

Ms. Dortch,

I am hereby requesting a waiver of deadline for the above mentioned Form 471. I understand that it was filed outside of the filing window. At the time I (Mark Williams) was the only person familiar with the program and qualified to file for our school district. Since we normally only file for rebates on services rendered, our filing process usually does not take a lot of time and I typically don't file until close to the closing date.

This past year my father became terminally ill. He passed away on February 14th and was buried on the 16th, the last day for filing. Several weeks prior to this I had inquired as to the status of our filing and was told that nothing was due so I put it out of my mind. A couple of months after his death I realized what had happened and began working with our new secretary to remedy the problem. She devoted some time to the project, made some calls and assured me everything was in order and we were awaiting the rejection letter so we could do an appeal. It was December before I learned that the process she was referring to was the wrong year and we still needed to file. Therefore, we went ahead and filed KNOWING that we would be rejected.

No. of Copies rec'd _____
List A B C D E

We have since been rejected, appealed to USAC and had the appeal rejected. Believing this to be extenuating circumstances I hereby request your waiver of deadline. I have attached a copy of my father's death certificate for supporting documentation.

BOARD MEETS THIRD MONDAY OF EACH MONTH
DISTRICT-WIDE ACCREDITATION BY THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS
AN EQUAL OPPORTUNITY AGENCY

Waiver Request for : DOTHAN CITY SCHOOLS

BEN: 128108

Form Identifier: DCS0607TRJ

Application Number: 547124

FRN(s): 1510362, 1510363, 1510364, 1510365, 1510366, 1510367

Thank you for considering this appeal.

A handwritten signature in black ink, appearing to read "Mark Williams", is written over the printed name.

Mark Williams

Director of Technology

Dothan City Schools

500 Dusy Street

Dothan, AL 36301

(334)793-1397

mwilliams@dothan.k12.al.us

attachment

THIS IS A TRUE AND EXACT COPY OF THE RECORD ON FILE WITH THE HOUSTON COUNTY HEALTH DEPARTMENT.

Luith E. Webb
SIGNATURE OF REGISTRAR

FEBRUARY 22, 2006

DATE OF ISSUE

ALABAMA
CERTIFICATE OF DEATH

101

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number

State File Number

1. DECEASED NAME First Middle Last (Type last name all capitals) James Milton WILLIAMS			2. DATE OF DEATH (Month, Day, Year) February 14, 2006		3. COUNTY OF DEATH Houston			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Dothan 36303			5. INSIDE CITY LIMITS (Specify Yes or No) Yes			6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 1605 Tacoma Street		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DGA) No			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White		10. SEX Male	
11. AGE 86 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) August 2, 1919		14. DECEASED'S SOCIAL SECURITY NUMBER 422-03-4661		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (6-12) College (1-4 or 5+) 12			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Iris Whittle		18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes	
19. STATE OF BIRTH (If not in USA, name country) Florida			20. RESIDENCE—STATE Alabama		21. COUNTY Houston		22. CITY, TOWN, OR LOCATION AND ZIP CODE Dothan 36303	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes			24. STREET AND NUMBER 1605 Tacoma Street		25. INFORMANT—Name and Address Mark Randy Williams 138 South Cherokee Avenue, Dothan, AL 36301			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Owner & Operator				27. KIND OF BUSINESS OR INDUSTRY Real Estate Agency				
28. FATHER NAME First Middle Last Addis J. Williams			29. MAIDEN NAME OF MOTHER— First Middle Last Annie Tee Stuckey					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) 02/15/2006		32. CEMETERY OR CREMATORY—Name Memory Hill Cemetery		33. LOCATION—(City or Town—State) Dothan, Alabama,	
34. FUNERAL HOME—Name and Address Byrd Funeral Home 3409 W. Main Street, Dothan, AL 36305-				35. FUNERAL DIRECTOR—Signature <i>Max B. Jackson</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Feb. 20, 2006		
37. <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated. Signature: <i>[Signature]</i>						38. DATE SIGNED (Month, Day, Year) 2-21-06		
39. TIME AND DATE OF DEATH 11:50 AM February 14, 2006			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) I. Douglas Jackson, M.D.			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 210 Westside Drive, Dothan, Alabama, 36305						43. CERTIFIER LICENSE NUMBER 11508		
44. REGISTRAR—Signature <i>Sharia R. Sherne</i>						45. DATE FILED (Month, Day, Year) Feb 22, 2006		

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>myelodysplasia</i> DUE TO (OR AS A CONSEQUENCE OF):			LIST ONLY ONE CAUSE ON EACH LINE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
b. DUE TO (OR AS A CONSEQUENCE OF):							
c. DUE TO (OR AS A CONSEQUENCE OF):							
d. DUE TO (OR AS A CONSEQUENCE OF):							
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)				50. AUTOPSY (Specify Yes or No)		51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
52. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II)				53. DATE OF INJURY (Month, Day, Year)		54. HOUR OF INJURY	
55. INJURY AT WORK (Specify Yes or No)		56. PLACE OF INJURY—(Specify at home, farm, street factory, office building, etc.)		57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)			

This is a legal record and must be filed within five (5) days after death.

CCC - ADPH-HS 2/Rev. 11-03

ANY ALTERATIONS VOID THIS DOCUMENT

55N

NAME OF DECEASED

DECEASED

BURIAL

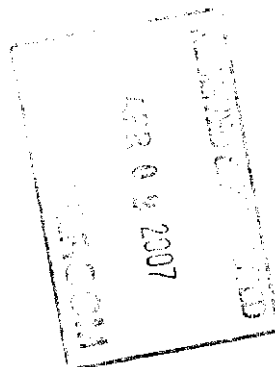
CERTIFIER

CAUSE

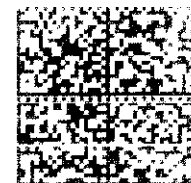
DOTHAN CITY SCHOOLS

500 DUSY STREET
DOTHAN, ALABAMA 36301 - 2599

RETURN SERVICE REQUESTED



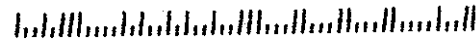
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POSTAGE
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MARLENE H. DORTCH, SECRETARY
FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY
445 12th STREET. SW
WASHINGTON, DC 20554

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US POSTAGE